Name In Full

Certificate of Death

Lucy A. Algier

Died at Town: Westminster County: Carroll MARYLAND

Date 1899 Month: April Day: 24 | Age Y. 74 M. 7 D. 24 | Native of Maryland | Occupation ——

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | ~~Number~~ of children living 3

~~Husband~~ Wife of Amon Algier

Father's Name Edward Norwood | Mother's Name Harriet Cole

Cause of Death: Primary — Paralasis 42 — How long sick 3 months

Immediate — Accident, Suicide, Homicide

Reported by Frank C Shaner undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70R8R

Attended by Dr. J. H. Billingslea
of Westminster Md

Seen by Coroner _____
of _____

Information contained in this certificate received from Jos. P. Algier
of and Dr. J. H. Billingslea

Name in Full Joseph Arnold

Certificate of Death

Town Sandy Spring County Carroll MARYLAND

Died at

Month Day Y. M. D. Native of Occupation

Date 189 Age 70 10 11 Maryland Retired

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living 2

Husband of

Wife Annie L. Brinsfield

Father's Name

Mother's Name

Cause of Death: Primary Blood Poison How long sick 3 weeks

Immediate

126

Accident, Suicide, Homicide

Reported by Dr. Richardson

Address Union Bridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55988

Name in Full — Certificate of Death

Mary Elizabeth Orrington

Died at Town: Hurlock — County: Caroll — MARYLAND

Date 189 9 — Month: April — Day: 13 — Age: Y. 72 M. D. — Native of: Md — Occupation: Wife

~~Male~~ Female — ~~White~~ ~~Colored~~ — ~~Married~~ Single — Widow Widower — Divorced — Number of children living 7

~~Husband~~ Wife of Thomas Orrington

Father's Name — Mother's Name

Cause of Death — Primary: 161 — How long sick: 6 mos —

Immediate — Accident, Suicide, Homicide

Reported by Low Frank

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

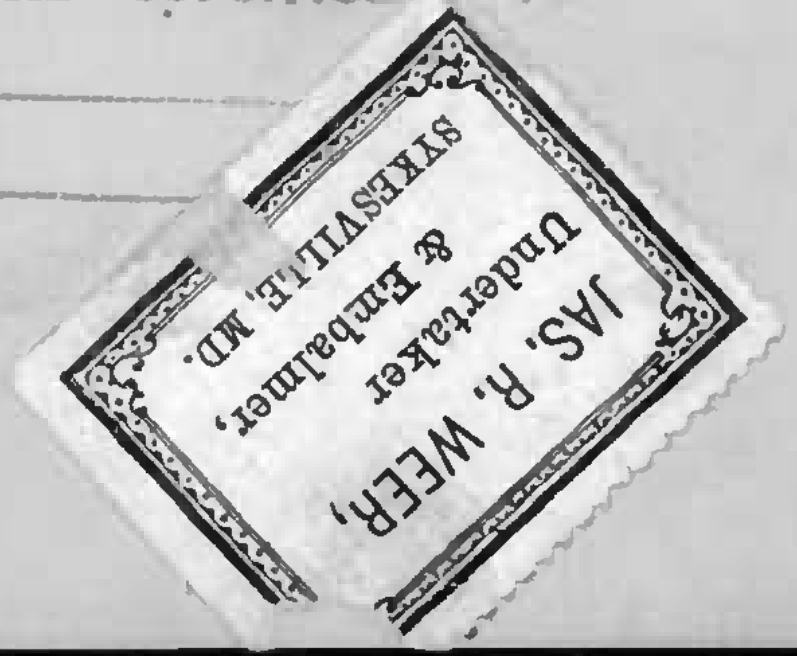
Attended by Dr. C Warwick Hoffmeyer

of Sykesville Md

Information contained in this certificate re-

ceived from

of



Name in Full

Certificate of Death

Lilian May Beamo

Died at Town: Taneytown County: Carroll MARYLAND

Date 189 9 Month: 4 Day: 11 | Age Y. 4 M. D. | Native of Md | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name Wm. Beamo

Mother's Name Flemer

Cause of Death: Primary Influenza 9 — How long sick 4 weeks

Immediate Pneumonia

Accident, Suicide, Homicide

Reported by Dr. Jesse A Wilson

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Neme in Full

Certificate of Death

Jennie Bond

Died at Town: Glen Falls County: Carroll MARYLAND

Date 189	Month	Dey	Age Y.	M.	D.	Netive of	Occupetion
	4	16	21			Md	None

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — Widow / ~~Widower~~ — ~~Divorced~~ / Number of children living one.

Husband / Wife of No Husband

Father's Name Wm Bond

Mother's Name

Cause of Death — Primary: Child Birth 118 — How long sick 2 months

Immediete: Anemia & Irtum Uter Fever — Accident, Suicide, Homicide

Reported by W. Jos H. Wilson

Address Funkstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Harry A. Bowers

Died at Town: Winfield County: Carroll MARYLAND

Date 1899 Month: April Day: 7 | Age Y.: . M.: 4 D.: 1. | Native of: Maryland | Occupation:

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: George W. Bowers

Mother's Name: Gertrude Burns

Cause of Death — Primary: Bronchitis 69 — How long sick: Three days

Immediate: Spasmodic Croup — Accident, Suicide, Homicide

Reported by: Dr L A. Allnutt

Address: Troy, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full

George Ebert Bungman

Certificate of Death

Died at Town: Westminster County: Carroll MARYLAND

Date 1899 Month: Apr. Day: 12 Age Y. 73 M. 8 D. 22 Native of Gettysburg, Pa. Occupation Nickle Plating

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Annie E. Shallenberger

Father's Name John Bungman Mother's Name Catharine Bell

Cause of Death: Primary Aortic Regurgitation How long sick about 1 week

Immediate Heart Failure 57 ~~Accident~~. Suicide. ~~Homicide~~

Reported by Chas R. Fonts M.D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78705

Name In Full — Certificate of Death

Mrs. Ezra Taylor

Died at (Town) Uniontown (County) Carroll MARYLAND

Date 189 — Month: 4 — Day: 26 — Age: Y. M. D. — Native of — Occupation

~~Male~~ / Female — White / Colored — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 3

Husband of / Wife

Father's Name Jacob Rodkey — Mother's Name [illegible]

Cause of Death — Primary: Typhoid pneumonia — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 4-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76008

Name in Full

Certificate of Death

Mary Clark

Died at Town: Westminster County: Carroll MARYLAND

Date 1899 Month: Apr Day: 11 | Age Y. about 70 M. D. | Native of Smoketown, Md. | Occupation Washerwoman

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Perry Clark

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death: Primary Dysentery Injecta 61 | How long sick about 4 mos

Immediate Diarrhoea | ~~Accident, Suicide, Homicide~~

Reported by Chas R Fouke M. D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name In Full

Certificate of Death

Mr. Richard Davidson

Died at Town Tyrone County Carroll MARYLAND

Date 1899 Month 4 Day 29 | Age Y. 60 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ ~~Single~~ | Widow Widower | Divorced | Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Enterprise 5-5

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full

Certificate of Death

Rhoda May Day

Died at Town: Gaithers County: Carroll MARYLAND

Date 1899 Month: April Day: 21 | Age Y.: 6 M.: months D.: | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name: J. Monroe Browning

Mother's Name: Irene Day

39a

Cause of Death — Primary: Spinal Meningitis ? How long sick: 2 Weeks

Immediate: Effects of same

Accident, Suicide, Homicide

Reported by: Old Fred Troyer M.D.

Address: Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70076

Name In Full Chas. L. Derilbiss

Certificate of Death

Died at Town Union Bridge County Carroll MARYLAND

Date 189 Month 4 Day 29 Age Y. 64 M. D. Native of Occupation

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Enterprise 5-5-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Annie Mossey C

near Town

Died at Sykesville County Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
April	27	—			Md	—

Date 1899

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~ Number of children living 2

~~Husband~~ Wife Ernest Mossey Colored

Father's Name

Mother's Name

118

How long sick

Cause of Death: Primary

Immediate from Child birth

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79709

Attended by Dr. C Warwick Hoffmeyer

of Sykesville Md

Information contained in this certificate received from

of

JAS. R. WEER,
Undertaker
& Embalmer,
SYKESVILLE, MD.

Name in Full

Certificate of Death

Susanah Evans

Died at Town: Taylorsville County: Carroll MARYLAND

Date 1899 Month: April Day: 17 Age Y. 79 M. 7 D. 5 Native of Maryland Occupation Home Life

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow | ~~Widower~~ | Divorced No

Number of children living None

Husband / Wife of Joseph Evans

Father's Name James Franklin Mother's Name Eliza Summitt

Cause of Death: Primary Cancer of Mammary Gland How long sick Long time

Immediate Exhaustion .25 E Accident, Suicide, Homicide

Reported by L A Aldridge Physician

Address Long, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John J. Feeser

Died at Town. Union Mills County Carroll MARYLAND

Date 189 9 Month 4 Day 28 | Age Y. 67 M. 7 D. 15 | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Record 4-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Name in Full

Certificate of Death

Naoma Grace Feeser

Died at Town: Silver Run County: Carroll MARYLAND

Date 1899 Month: Apr. Day: 1 — | Age Y. 1 — M. 3 — D. 2 | Native of Md. | Occupation

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Arthur W. Feeser

Mother's Name: Minnie M. Feeser

Cause of Death — Primary: Broncho Pneumonia — Complicating: Measles — How long sick: 10 days —

Immediate: Asphyxia — 5

~~Accident, Suicide, Homicide~~

Reported by C. A. Stultz M. D.

Address Silver Run Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full: Thomas Franklin Kreasling

Certificate of Death

Died at Town: Silver Run County: Carroll MARYLAND

Date 1899 Month: Apr. Day: 16

Age Y. 52 M. 9 D. 23

Native of Md.

Occupation Laborer - Weaver in cotton mill

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Josephine A. Willet

Father's Name Sandi Kreasling

Mother's Name (Party did not Know.)

Cause of Death: Primary Pleuro Pneumonia 71 — How long sick 5 days

Immediate Heart Failure — Accident, ~~Suicide~~, ~~Homicide~~

Reported by C A Stultz M.D.

Address Silver Run Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Mrs. Jesse Lambert

Died at — Town: New Windsor — County: Carroll — MARYLAND

Data 1899 — Month: 4 — Day: 19 — Age: Y. 76 M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married / Single / Widow / Widower / Divorced — Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Rund

Address 4-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79398

Name in Full

Certificate of Death

Raymond Lett

Died at Town: Sykesville County: Carroll MARYLAND

Date 189 4 Month: Apr Day: 9 | Age Y. 10 M. — D. — | Native of Howard Co Md | Occupation

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced Number of children living

Husband of Wife —

Father's Name John E. Lett | Mother's Name Catharine L Lee

Cause of Death: Primary Pneumonia complicated with abdominal trouble 72 | How long sick 3 days

Immediate

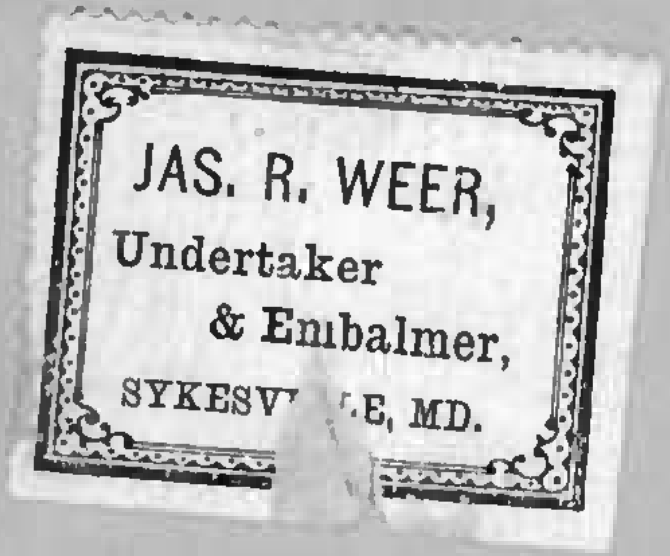
Accident, ~~Suicide, Homicide~~

Reported by Dr S. B. Sprecher

Address Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968


JAS. R. WEER,
Undertaker
& Embalmer,
SYKESV
E, MD.

Name in Full — Certificate of Death

Mr. Herbert Lockard.

Died at Henry / Town — Frederick Co. / County — Carroll — MARYLAND

Date 189 9 — Month April — Day 20th — Age Y. 42 M. 7 D. 10 — Native of Carroll — Occupation Farmer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~

Number of children living 6

Husband / Wife of —

Father's Name Herb Lockard. — Mother's Name —

Cause of Death — Primary Measles. 5 — How long sick 3 months

Immediate Pneumonia Hemb. — Accident, Suicide, Homicide

Reported by Jno. S. Pattie.

Address Uniontown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name In Full

Mrs. Laura V. Mackley

Certificate of Death

Town

Died at near Union Bridge

County

Carroll

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	4	10	41	11	21		

~~Male~~ Female

White ~~Colored~~

~~Single~~ Married Widow Widower Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carrol Rem

Address [redacted] 4-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full — Matthews

Certificate of Death

Died at Town: Hampstead County: Carroll MARYLAND

Date 1899 Month: 4 Day: 26 | Age Y. 1 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of
Wife

Father's Name: H. F. Matthews

Mother's Name: 86

Cause of Death — Primary: Diphtheritic Croup | How long sick:

Immediate | Accident, Suicide, Homicide:

Reported by: American Sentinel 4-29.

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full

Certificate of Death

Mrs. Libbie Myers

Died at Town Fountain Valley County Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	4	5	Age 68			

~~Male~~ Female | White | Colored | Married | ~~Single~~ | ~~Widow~~ | ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband of Wife Joshua Myers

Father's Name | Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 4-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76815

Elder Uriah Bixler assisted by
" Chas D. Bonfoot

Name in Full

Selenia M. Myers

Certificate of Death

Died at Town: Silver Run County: Carroll MARYLAND

Date 1894 Month: April Day: 19

Age Y. 45 M. — D. 8

Native of Md.

Occupation Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 6

~~Husband~~ Wife of David Myers

Father's Name Daniel Shull

Mother's Name Catherine Myers

Cause of Death: Primary Measels - Complicated with Pneumonia — How long sick 12 days

Immediate Asphyxia 5 —

Accident, Suicide, ~~Homicide~~

Reported by C. A. Stultz M.D.

Address Silver Run Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary. Elizebeth N. Powers

Town: Day | County: Carroll

Died at: MARYLAND

Date 1899 — Month: April | Day: 30 | Age: Y. 36 M. 2 D. 8 | Native of: Md | Occupation: housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ — ~~Divorced~~

Number of children living: five

~~Husband~~ / Wife of: Edward. Powers. 42

Father's Name: George. Holman | Mother's Name: Elizebeth Holman

Cause of Death — Primary: Hemiplegia from

Immediate: Cerebral hemorrhage.

How long sick: Six days

~~Accident, Suicide, Homicide~~

Reported by: A. T. Crouse M.D

Address: Mayfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Henry Schneider.

Died at Town: Union Bridge — County: Carroll — MARYLAND

Date 1899 Month: 4 Day: 29 | Age Y.: 8 M.: 3 D.: | Native of: Md | Occupation:

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living:

Husband / Wife of

Father's Name: Jas Schneider — Mother's Name: Ella L

Cause of Death — Primary: Capillary Pneumonia — How long sick: 8 day

Immediate: 71 — Accident, Suicide, Homicide:

Reported by: H. D. Brown M. D.

Address: Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

LIBRARY BUREAU. 79708

Name in Full

Certificate of Death

Charles Henry Shenk

Died at Town: Myers District County: Carroll MARYLAND

Date 1892 Month: April Day: 5 | Age Y. 3 M. 17 D. | Native of Carroll | ~~Occupation~~

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Wm Henry Shenk | Mother's Name: Lizzie Miller Shenk

Cause of Death — Primary: 72 — Immediate: Pneumonia | How long sick: Seven Days | ~~Accident, Suicide, Homicide~~

Reported by: Dr Joseph J Stuart

Address: Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Rachael Elizabeth Sherman

Town: Manchester

County: Carroll

Died at Manchester — MARYLAND

Date 1899 Month: April	Day: 9	Age: Y. 37 M. D.	Native of: Md	Occupation: Housewife

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / Widower

~~Divorced~~

Number of children living 5

~~Husband~~ / Wife of Wm Sherman

Father's Name: Daniel Price

Mother's Name:

Cause of Death — Primary: Pneumonia 72

How long sick: 16 days

Immediate:

Accident, Suicide, Homicide

Reported by J H Sherman MD

Address Manchester Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700

Name In Full

Certificate of Death

Jacob Shoemaker

Died at Town: Union Town County: Carroll MARYLAND

Date 189 9 Month: 4 Day: 4 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of
Wife

Father's Name | Mother's Name

Cause of Death: Primary | How long sick

Immediate 161 | Accident, Suicide, Homicide

Reported by American Sentinel 4-8

Address

Must be signed by physician, if any in attendance, otherwise [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 70768

Elder S. B. Craft.

~~H. H. Haines, Ft. Mountain~~

Name in Full — Smith

Certificate of Death

Died at Town near Shiloh County Carroll MARYLAND

Date 189 9 Month 4 Day 23 | Age Y. M. D. | Native of | Occupation

Male / Female | White / Colored | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of

Wife

Father's Name John H. Smith | ~~Mother's~~ Name

Cause of Death — Primary: Measles — How long sick: 5

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 4-29

Address

Must be signed by physicien, if any in ettendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79818

Name in Full

Certificate of Death

William Henry Stuart

Died at Myers District Town County Carroll MARYLAND

Date 1899 Month April Day 10 | Age Y. 74 M. 3 D. 28 | Native of Pennsylvania | Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 8

Husband of

~~Wife~~ Mandela Catherine Bard

Father's Name Henry Stuart Mother's ~~Name~~ Mary Stuart

Cause of Death: Primary Lung Colic 93 How long sick

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Dr J J Stewart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Hannah A. Vaughn — Certificate of Death

Died at Town Hyattsville County Carroll MARYLAND

Date 1899 Month 4 Day 6 | Age Y. 77 M. 2 D. 18 | Netive of Md. | Occupetion Home Keeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced | Number of children living

Husbend of
Wife

Father's Name Jno. Vaughn | Mother's Name Not Known

Cause of Death: Primary Paralysis 42 — How long sick Six Mos.

Immediate Congestion of Brain — Accident, Suicide, Homicide

Reported by Jno. H. Wells

Address Hyattsville Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr.:_____

of_____

Information obtained in this certificate re-

ceived from_____

of_____

Name in Full

Certificate of Death

Carroll Rinehart Warner

Died at Town Silver Run County Carroll MARYLAND

Date 1899 Month April Day 6 | Age Y. 4 M. 10 D. 5 | Native of Maryland | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name William E Warner | Mother's Name Alice Warner

Cause of Death: Primary Measels 5 | How long sick Two weeks

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Joseph J Stewart M.D

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Mary Virginia Wasche

Died at Town: Westminster — County: Carroll — MARYLAND

Date 1899 — Month: April — Day: 27 — Age: Y. 44 M. 1 D. 4 — Native of: Maryland — Occupation: ———

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ Widower — Divorced — Number of children living: 1

~~Husband~~ Wife of: Joseph A. Waesche

Father's Name: Isaac Forest — Mother's Name: Dianna Albaugh

Cause of Death — Primary: Heart disease 57 — How long sick: 4 months

Immediate — Accident, Suicide, Homicide

OVER

Reported by: Frank E Shaver undertaker

Address: Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, YORK

Attended by Dr. Thos J. Corman
of Westminster Md

Seen by Coro-

of

Information contained in this certificate re-
ceived from Dr Thos J. Corman
and Jos A. Wasche
of

Name in Full

Rev. Burr Williams

Certificate of Death

Died at Bethel Union Bridge Town Carroll County MARYLAND

Date 189 9 Month 4 Day 18 | Age Y. 92 M. — D. — | Native of Md. | Occupation Minister

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living 5

Husband / Wife of Martha Williams

Father's Name | Mother's Name

Cause of Death — Primary: Pneumonia 72 | How long sick 3 wks.

Immediate | Accident, Suicide, Homicide

Reported by W. D. Brown M. D.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706